Pretherapeutic evaluation of buried bumper syndrome by endoscopic ultrasonography

Buried bumper syndrome is one of the major complications of percutaneous endoscopic gastrostomy (PEG). Once it occurs, either endoscopic or surgical treatment is performed to remove the PEG tube [1–5]. Although the endoscopic approach is less invasive, it carries the risk of perforation, depending on the location of the internal bumper [3,5]. We show the clinical usefulness of endoscopic ultrasonography (EUS) for selecting safe and appropriate treatment of buried bumper syndrome.

The patient was a 73-year-old woman with dementia who required tube feeding. She had undergone PEG at the age of 68. No complications were associated with the PEG tube until December 2011, when the nurses noticed an obstruction in the tube. Esophagogastroduodenoscopy showed no internal bumper of the PEG tube but a submucosal tumor-like lesion with a dimple in the anterior wall of the stomach where the internal bumper was supposed to be (Fig. 1a). CT showed that the internal bumper of the PEG tube seems to be within the gastric wall. Endoscopic ultrasonography demonstrates that the internal bumper of the PEG tube is located outside the gastric wall. The finding at operation, showing that the internal bumper of the PEG tube is in an extramural location, was in an extramural location (Fig. 1d). We believe that pretherapeutic EUS is a useful test for evaluation of buried bumper syndrome and for determining the appropriate therapeutic approach to it.

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References

Bibliography
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